

## TCEQ Point Source Emissions Inventory Data Request

<b>Requester</b>			
Name: _____		Company: _____	
Phone: _____		E-mail: _____	
Mailing Address: _____			
City: _____		State: _____	Zip: _____
<b>Contaminants Requested</b>		<b>Emission Type</b>	
<input type="checkbox"/> All Criteria Pollutants <input type="checkbox"/> NO <sub>x</sub> <input type="checkbox"/> VOC    ( <input type="checkbox"/> Speciated <input type="checkbox"/> Total)		<input type="checkbox"/> Annual (tpy)	
<input type="checkbox"/> Lead <input type="checkbox"/> CO <input type="checkbox"/> PM    ( <input type="checkbox"/> Speciated <input type="checkbox"/> Total)		<input type="checkbox"/> Ozone Season (ppd)	
<input type="checkbox"/> SO <sub>2</sub> <input type="checkbox"/> PM <sub>2.5</sub> <input type="checkbox"/> PM <sub>10</sub> ( <input type="checkbox"/> Speciated <input type="checkbox"/> Total)		<input type="checkbox"/> SMSS (tpy)	
<input type="checkbox"/> Specific Contaminant(s) (list): _____		<input type="checkbox"/> EE (tpy)	
<input type="checkbox"/> Contaminant Code _____		<b>Inventory Years</b>	
<input type="checkbox"/> _____		<input type="checkbox"/> All <input type="checkbox"/> Most Recent	
<input type="checkbox"/> _____		Specify Year(s): _____	
<input type="checkbox"/> _____		<input type="checkbox"/> _____	
<input type="checkbox"/> _____		<input type="checkbox"/> _____	
<b>Retrieve Data For</b>			
<input type="checkbox"/> Regulated Entity Reference Number: RN _____		<input type="checkbox"/> Air Account Number: _____	
<input type="checkbox"/> Company Name: _____		<input type="checkbox"/> County: _____	
<input type="checkbox"/> Statewide <input type="checkbox"/> All Nonattainment <input type="checkbox"/> All Attainment		<input type="checkbox"/> BPA <input type="checkbox"/> DFW <input type="checkbox"/> El Paso	
<input type="checkbox"/> HGB: <input type="checkbox"/> 11-county area    or <input type="checkbox"/> 8-county area		<input type="checkbox"/> Other: _____	
<b>Source Type</b>			
<input type="checkbox"/> All types of Processes		<input type="checkbox"/> Top Emitters (top how many? _____ )	
<input type="checkbox"/> Specific Process Types: _____			
<input type="checkbox"/> Specific SIC types: _____			
<b>Sum Data By</b>			
<input type="checkbox"/> Site	<input type="checkbox"/> Emission Point (EPN)	<input type="checkbox"/> Generator (FIN)	<input type="checkbox"/> County
<input type="checkbox"/> Statewide	<input type="checkbox"/> Attainment Area	<input type="checkbox"/> Nonattainment Area	<input type="checkbox"/> Contaminant
<b>Show Other Data</b>			
<input type="checkbox"/> Account Number <input type="checkbox"/> Company & Site Name <input type="checkbox"/> Principal Business (SIC) <input type="checkbox"/> FIN <input type="checkbox"/> EPN <input type="checkbox"/> County			
<b>Other Requirements (specify)</b>			
<b>Final Report Format</b>			
<b>Report Data as:</b>		<input type="checkbox"/> Printed Table(s) (paper) <input type="checkbox"/> Excel Spreadsheet (electronic)	
<b>Report Delivery:</b>		<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <b>Date Needed:*</b> _____	

Fax completed request to: EAS at 512-239-1515 or 512-239-1555      Attention: EAS Manager      TCEQ-20473 (Rev. 11-21-11)  
 \*Allow at least eight business days minimum for processing.